

Municipality Name: _____ EIF Project Number: _____ Construction Start Date: _____

Project Description: _____ Construction End Date: _____

I. CONSTRUCTION/EQUIPMENT/SUPPLIES CONTRACTS

Prime Contract	Sub-Contract (List DBEs only)	Enterprise Type (MBE/WBE/SBRA/NA)	Scope of Work	Contract Value in Dollars	
				Estimates	Actual
A.					
	1.				
	2.				
	3.				
B.					
	1.				
	2.				
	3.				
C.					

II. PROFESSIONAL AND TECHNICAL SERVICES CONTRACTS

A.					
	1.				
	2.				
B.					
	1.				
	2.				

NA = Not Applicable (prime contractor is not a DBE) DBE = Minority- and women-owned businesses, and small businesses in urban and rural areas.

III. UTILIZATION SUMMARY

Prime Contracts Under I & II		Estimates	Actuals
Construction/Equipment/Supplies		\$ _____	\$ _____
Professional/Technical Services		\$ _____	\$ _____
	Sub-Total	\$ _____	\$ _____
Sub-Contracts Under I & II			
MBE		\$ _____	\$ _____
WBE		\$ _____	\$ _____
SBRA		\$ _____	\$ _____
	TOTAL (MBE + WBE)	\$ _____	\$ _____

PERCENTAGE UTILIZATION {Total (MBE + WBE) divided by total prime contracts under I & II] x 100 _____%

To the best of my knowledge, I certify that the firms identified on this form were utilized and paid the actual dollars indicated.

Name/Title of Authorized Representative	Date Signed
Signature	

IV. FOR DNR USE ONLY - REVIEW AND APPROVAL

1. Approval Remarks:

2. Project Manager's Signature	3. Date of Review and Approval
Project Manager's Printed Name	